

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213551622		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: International Society for Technology in Education, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OR</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1539594</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 180 WEST 8TH AVENUE SUITE 300</p> <p style="text-align: center;">CITY/ST/ZIP: EUGENE, OR 97401-2916</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOLLY JOBE TITLE: DIRECTOR ADDRESS: 602 E VALLEY GREEN RD CITY/ST/ZIP/CO: FLOURTOWN, PA 19031 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: HOLLY JOBE TITLE: DIRECTOR ADDRESS: 602 E VALLEY GREEN RD CITY/ST/ZIP/CO: FLOURTOWN, PA 19031	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAIGE JOHNSON TITLE: Treasurer ADDRESS: 11640 SW Riverwood Rd CITY/ST/ZIP/CO: Portland, OR 97219 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAIGE JOHNSON TITLE: Treasurer ADDRESS: 11640 SW Riverwood Rd CITY/ST/ZIP/CO: Portland, OR 97219	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MIKE LAWRENCE TITLE: DIRECTOR ADDRESS: 5281 HAMER LANE CITY/ST/ZIP/CO: PLACENTIA, CA 92870 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MIKE LAWRENCE TITLE: DIRECTOR ADDRESS: 5281 HAMER LANE CITY/ST/ZIP/CO: PLACENTIA, CA 92870	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	KECIA RAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President		
ADDRESS:	6117 HAMPTON HALL WAY		
CITY/ST/ZIP/CO:	HERMITAGE, TN 37076		
NAME:	KARI STRUBBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 W 144TH ST		
CITY/ST/ZIP/CO:	LEAWOOD, KS 66211		
NAME:	Brian Lewis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1601 Clarendon Blvd #909		
CITY/ST/ZIP/CO:	Arlington, VA 22209		
NAME:	Arlene Borthwick	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	708 N Bon Aire Dr		
CITY/ST/ZIP/CO:	Palatine, IL 60074		
NAME:	Laurie Conzemius	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1595 Peach Ct. NE		
CITY/ST/ZIP/CO:	Sauk Rapids, MN 56379		
NAME:	Mila Fuller	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 Banbury Lane		
CITY/ST/ZIP/CO:	Savoy, IL 61874		
NAME:	Betsy Goeltz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1330 Fields Dr		
CITY/ST/ZIP/CO:	Pocatello, ID 83204		
NAME:	Matt Harris	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14 Jalan Layang		
CITY/ST/ZIP/CO:	Layang, 598480, SG		
NAME:	Sheryl Nussbaum-Beach	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4068 Bridgehampton Lane		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23455		
NAME:	Kathy Schrock	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	45 Starlight Lane		
CITY/ST/ZIP/CO:	Eastham, MA 02642		
NAME:	Mia Williams	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	McKee Hall Cebbs Campus #107		
CITY/ST/ZIP/CO:	Greeley, CO 80639		

NAME:	Jan Zanetis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	105/104 Miller St		
CITY/ST/ZIP/CO:	Pymont, NSW 2009, AU		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ANNE TULLY	ANNE TULLY, CFO	10/30/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			